



Telephone:  
(703)838-6390

*City of Alexandria, Virginia*  
*Office of Human Rights*  
*421 King Street, Suite 400*  
*Alexandria, Virginia 22314*



Fax:  
(703)838-4976

## INTAKE QUESTIONNAIRE FORM

THIS IS NOT A FORMAL COMPLAINT. YOUR COMPLETION OF THIS QUESTIONNAIRE DOES NOT SIGNIFY THAT YOU HAVE FILED A FORMAL COMPLAINT WITH THE ALEXANDRIA OFFICE OF HUMAN RIGHTS. THIS QUESTIONNAIRE IS INFORMATION ONLY

<b>COMPLAINANT INFORMATION</b>		
NAME	DOB	SSN
ADDRESS		
CITY	STATE	ZIP
PHONE H(    )                      W(    )	CONTACT PERSON PHONE # (IF YOU CANNOT BE REACHED)	
<b>I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST IN THE AREA OF (CHECK ONE)</b>		
<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> HOUSING <input type="checkbox"/> PUBLIC ACCOMMODATIONS <input type="checkbox"/> OTHER _____		
I BELIEVE I HAVE BEEN DISCRIMINATED AGAINST ON THE BASIS OF MY		
WHEN DID THE ALLEGED DISCRIMINATORY ACT OCCUR? (MUST BE WITHIN 300 DAYS IF FILING UNDER TITLE VII, 180 DAYS IF FILING UNDER AGE DISCRIMINATION IN EMPLOYMENT ACT, 365 DAYS IF FILING UNDER HOUSING)		
<b>RESPONDENT INFORMATION</b>		
NAME/ADDRESS OF COMPANY (MUST BE WITHIN CORPORATE CITY LIMITS OF ALEXANDRIA)		
PRESIDENT/CONTACT PERSON/PHONE		
(    )		
DATE OF HIRE (IF APPLICABLE)	POSITION (IF APPLICABLE)	

NUMBER OF EMPLOYEES (IF APPLICABLE)

☐ 1-3

☐ 4-14

☐ 15-100

☐ 101-200

☐ 201-200

☐ 501+

PLEASE LIST INDIVIDUALS INVOLVED (INCLUDE FULL NAME & TITLE)

1.

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2.

\_\_\_\_\_

3.

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The information you have provided herein is confidential. Respondents are not notified of this initial contact as this is not a formal complaint This information will be forwarded to an investigator who will contact you to set up a time for you to come into the office talk at length about your situation as to determine if you have grounds for a complaint.